

PROGRESS SHEET - APPLICATION FOR WATER RIGHT

☐ SURFACE WATER ☒ GROUND WATER

NAME: **Jerry H. & Mary B. Burgess**
3417 Road 68
Pasco, Washington 99301
509-547-7280

Contact: **Stan Stinson**
RGW Enterprises
3100 George Washington Way
Richland, WA 99354
509-539-2987

☐ ASSIGNED (SEE BACK OF PAGE)

FRANKLIN COUNTY
Columbia Basin - 508-14

WRIA

36

WRTS No. G3-30489
ID No. 4262984

APPLICATION NO.: **G3-30489**

PRIORITY DATE: **June 22, 2005**

Date App rec'd: June 22, 2005 Date fee rec'd: June 22, 2005 Amount \$10.00 Check No.: 2184

Statement of additional exam. fee: \$ _____ Sent: _____ Rec'd: _____

Returned for completion or correction: _____ Rcvd: _____

PUBLICATION:

☒ SPOTTED

Newspaper(s): **Tri-City Herald**

OK'd by: **KT**

Date Notice Sent 2-27-2006

Date Affidavit rec'd: 4-7-2006

Time expires: 4-17-2006

Checked by: KT

Date: 4-13-2006

☐ Protests: _____

☐ Fee rec'd: _____

INTERESTED PARTIES:

☐ WDFW ☐ State DOH ☐ County DOH ☐ Tribe ☐ USBR ☐ W²FO ☐ EphrataFO ☐ _____

WDFW COMMENT: ☐ YES ☐ NO Note: _____

FISH SCREEN: ☐ YES ☐ NO LOW FLOW PROVISIO: ☐ YES ☐ NO

OTHER COMMENT(S): _____

FIELD EXAMINATION REQUIRED: ☐ YES ☐ NO

EXAMINATION DATE	ROE ISSUED	SUP. ROE ISSUED	PERMIT ISSUED	SUP. PERMIT ISSUED

DEVELOPMENT SCHEDULE:

BC due: _____ EXT to: _____ BC filed: _____

WELL LOG(S) RECEIVED: ☐ YES ☐ NO Note: _____

CC due: _____ EXT to: _____ CC filed: _____

PA due: _____ EXT to: _____ PA filed: _____

METER INSTALLED: ☐ YES ☐ NO Note: _____

FISH SCREEN INSTALLED: ☐ YES ☐ NO Note: _____

PA FIELD EXAMINATION REQUIRED: ☐ YES ☐ NO

Date examination made: _____ By: _____

APPROVED FOR CERTIFICATE: ☐ YES ☐ NO

Cert. fee: \$ _____ Date letter sent: _____ Fee rec'd: _____ Check No.: _____

Date Certificate issued: _____

cc: USBR; ; ;

OK 2/21/06 KLT

Family Farm

ASSIGNMENT INFO:

SUBJECT TO REAL ESTATE EXISE TAX

Assignment received: _____

Assignment approved: _____

Assignee: _____
Address: _____
Phone #: _____

Submitted to Department of Revenue	
Date:	_____
Initial:	_____

Assignment received: _____

Assignment approved: _____

Assignee: _____
Address: _____
Phone #: _____

Submitted to Department of Revenue	
Date:	_____
Initial:	_____

Assignment received: _____

Assignment approved: _____

Assignee: _____
Address: _____
Phone #: _____

Submitted to Department of Revenue	
Date:	_____
Initial:	_____

Assignment received: _____

Assignment approved: _____

Assignee: _____
Address: _____
Phone #: _____

Submitted to Department of Revenue	
Date:	_____
Initial:	_____

Assignment received: _____

Assignment approved: _____

Assignee: _____
Address: _____
Phone #: _____

Submitted to Department of Revenue	
Date:	_____
Initial:	_____

Assignment received: _____

Assignment approved: _____

Assignee: _____
Address: _____
Phone #: _____

Submitted to Department of Revenue	
Date:	_____
Initial:	_____

Assignment received: _____

Assignment approved: _____

Assignee: _____
Address: _____
Phone #: _____

Submitted to Department of Revenue	
Date:	_____
Initial:	_____